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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/010,506	10/010,506 11/13/2001		Brian T. Rosenberger	TA-00448 6463			6463	
IITLE OF INVENTION	: SYSTEM AND METH	OD FOR THE HOLOGE	RAPHIC DEPOSITION					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU					DATE DUE
nonprovisional	NO	\$1510	\$300	<b>\$</b> 0		\$1810		06/26/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS					
AMARI, ALESSANDRO V 2872			118-050100					
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Bracewell & Giuliani  2  3					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)								nt has been filed for
Lockheed Martin Corporation  Bethesda, Maryland  Please check the appropriate assignee category or categories (will not be printed on the patent):								ity Government
			Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. FORIXETECH 2008: is not achieved:  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).					
	atus (from status indicate			slaimina SM/	דיו אינד די א	TITV status See 37 (	יבוס בויי	7(a)(2)
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other painterest as shown by the records of the United States Patent and Trademark Office.								
Authorized Signature	0 8		Date	Jur	ne 25, 2009			
Typed or printed name	ne <u>James E</u>		Registration	No	27 <b>,</b> 536			
an application. Confider submitting the complete this form and/or sugges Box 1450, Alexandria, Alexandria, Virginia 22	ntiality is governed by 3: ed application form to the tions for reducing this but Virginia 22313-1450. Do 313-1450.	CFR 1.311. The informat 5 U.S.C. 122 and 37 CFR e USPTO. Time will var irden, should be sent to to O NOT SEND FEES OR persons are required to re	of 1.14. This collection is y depending upon the in the Chief Information Of COMPLETED FORMS	dividual case. Any clicer, U.S. Patent an TO THIS ADDRES	comment d Traden SS. SENI	s on the amount of the commissioner of the complete, including	ime you partmen for Pat	require to complete of Commerce, P.O. tents, P.O. Box 1450,